



**Testimony of the Connecticut Children's Medical Center  
to the Public Health Committee regarding  
*HB 5896 An Act Establishing a Nutrition Education Advisory Council***

**March 4, 2015**

Senator Gerratana, Representative Ritter, members of the Public Health Committee, thank you for the opportunity to share our thoughts about *HB 5896 An Act Establishing a Nutrition Education Advisory Council*. I am Claire Dalidowitz, MS, MA, RD, CD-N, and I am Clinical Nutrition Manager at Connecticut Children's Medical Center. I am here to testify in support of adding a provision to House Bill 5896 that would expand the scope of practice for registered dietitians to permit them to write diet orders.

Certified Dietitian Nutritionists (CD-N) are uniquely qualified to write diet orders as they have a 4 year baccalaureate degree in nutritional sciences and an additional 1200 hours in practice before they take the national registration exam. They are required to fulfill 75 hours of continuing education every 5 years. They have been trained in medical nutrition therapy and the nutrition care process which includes both a nutrition diagnosis and a nutrition intervention. CD-Ns are well qualified to decide on the appropriate diet, formula, tube feeding or parenteral nutrition needs of a patient.

At Connecticut Children's, CD-Ns provide training to the medical residents, attending physicians and surgeons related to correct diet ordering. Diet orders are recorded in the hospital's electronic medical record.

This privilege will allow CD-Ns to write orders which will increase nutritional care to patients in real time and improve safety of nutritional care. For example, currently, if to the CD-N's wants to add Pediasure, which is a common nutrition supplement available in grocery stores, to the diet of a post operative patient who is not eating, the CD-Ns must contact the prescribing physician, and then wait for the Pediasure to be ordered. Then the CD-Ns must check for the diet orders to make sure this is done. If not done, then the prescriber must be contacted again. This delays care. It can also increase length of stay as nutrition is essential in the healing of infants and children.

Connecticut Children's policies currently give CD-Ns the ability to calculate the milligrams of phosphorus, potassium or sodium for limitations for a patient, but the CD-Ns cannot order the low phosphorus, low potassium or low sodium diet.

There are more than 40 formulas available for pediatric patients, each available in 10 different calories/ounce. The RD determines the correct formula and the necessary calories per an assessment of the patient's needs. The RD contacts the physician and asks the prescriber to write the order. Some of

these orders are fairly complicated with the addition of caloric enhancers, electrolytes, and extra fluid, and transcription of these care plans can be difficult to do. On an outpatient basis, CD-Ns are continuously contacted to review the prescriptions for enteral feeds and parenteral feeds. CD-Ns make recommendations based upon a review of lab work and patient status, but since the attending physician must sign off for the diet order to be written, care can again be delayed.. For this reason, we advocate that CD-Ns, who are the experts in nutritional care, be allowed to order diets for their patients. This will improve nutritional care and decrease the cost of that care, for hospitals and the State of Connecticut.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Director of Government Relations, at 860-837-5557.